

**LIQUOR COMMISSION  
CITY AND COUNTY OF HONOLULU**

711 KAPIOLANI BOULEVARD, SUITE 600, HONOLULU, HAWAII 96813-5249  
PHONE (808) 768-7300 • FAX (808) 768-7311  
INTERNET ADDRESS: [www.honolulu.gov/liq](http://www.honolulu.gov/liq)

**REQUEST FOR  
MINOR (UNDER AGE 18) PERFORMING AT EVENTS**  
Rule 3-86-101.53(e)

- This form must be received and approved by the Liquor Commission Administrator prior to the event. Forms sent by Fax or Email are acceptable.
- The minor(s) must be supervised by an adult leader and have permission from a parent or guardian to perform at the event.
- The information provided must include the date, time, purpose and activity of the entertainers.
- Allow at least fifteen (15) business days for approval.

Date: \_\_\_\_\_ Liquor License #: \_\_\_\_\_

Licensee Name: \_\_\_\_\_ Trade Name (DBA): \_\_\_\_\_

Licensee Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Event Date: \_\_\_\_\_

Event Location: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Describe the event and purpose: \_\_\_\_\_

\_\_\_\_\_

Describe entertainment activities the minor(s) will be performing: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I certify that all minors will be supervised by an adult leader and have received permission from a  
Initial parent or guardian to perform at the event.

Name of Adult Leader: \_\_\_\_\_ Phone: \_\_\_\_\_

☐ Attach list of the names and ages of the minors performing.

\_\_\_\_\_  
SIGNATURE Licensee (Owner)/Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT NAME Licensee (Owner)/Authorized Agent

\_\_\_\_\_  
Title

.....  
OFFICE USE:

☐ Approved ☐ Denied

LCIS ENTRY DATE: \_\_\_\_\_ HLC STAFF INITIAL: \_\_\_\_\_

\_\_\_\_\_  
HLC Signature

\_\_\_\_\_  
Date